

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			5/1/01
FINALITY REVIEW	(D)	710008	5/1/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1	✓ ✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓ ✓
7	✓ ✓ ✓ ✓ ✓
8	✓ ✓ ✓ ✓ ✓
9	✓ ✓ ✓ ✓ ✓
10	✓ ✓ ✓ ✓ ✓
11	✓ ✓ ✓ ✓ ✓
12	✓ ✓ ✓ ✓ ✓
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45	✓ ✓ ✓ ✓ ✓
46	✓ ✓ ✓ ✓ ✓
47	✓ ✓ ✓ ✓ ✓
48	✓ ✓ ✓ ✓ ✓
49	✓ ✓ ✓ ✓ ✓
50	✓ ✓ ✓ ✓ ✓

Claim	Date
Final	
Original	
51	✓ ✓ ✓ ✓ ✓
52	✓ ✓ ✓ ✓ ✓
53	✓ ✓ ✓ ✓ ✓
54	✓ ✓ ✓ ✓ ✓
55	✓ ✓ ✓ ✓ ✓
56	✓ ✓ ✓ ✓ ✓
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90	✓ ✓ ✓ ✓ ✓
91	✓ ✓ ✓ ✓ ✓
92	✓ ✓ ✓ ✓ ✓
93	✓ ✓ ✓ ✓ ✓
94	✓ ✓ ✓ ✓ ✓
95	✓ ✓ ✓ ✓ ✓
96	✓ ✓ ✓ ✓ ✓
97	✓ ✓ ✓ ✓ ✓
98	✓ ✓ ✓ ✓ ✓
99	✓ ✓ ✓ ✓ ✓
100	✓ ✓ ✓ ✓ ✓

Claim	Date
Final	
Original	
101	✓ ✓ ✓ ✓ ✓
102	✓ ✓ ✓ ✓ ✓
103	✓ ✓ ✓ ✓ ✓
104	✓ ✓ ✓ ✓ ✓
105	✓ ✓ ✓ ✓ ✓
106	✓ ✓ ✓ ✓ ✓
107	✓ ✓ ✓ ✓ ✓
108	✓ ✓ ✓ ✓ ✓
109	✓ ✓ ✓ ✓ ✓
110	✓ ✓ ✓ ✓ ✓
111	✓ ✓ ✓ ✓ ✓
112	✓ ✓ ✓ ✓ ✓
113	✓ ✓ ✓ ✓ ✓
114	✓ ✓ ✓ ✓ ✓
115	✓ ✓ ✓ ✓ ✓
116	✓ ✓ ✓ ✓ ✓
117	✓ ✓ ✓ ✓ ✓
118	✓ ✓ ✓ ✓ ✓
119	✓ ✓ ✓ ✓ ✓
120	=
121	✓ ✓
122	✓ ✓
123	✓ ✓
124	✓ ✓
125	✓ ✓
126	✓ ✓
127	✓ ✓
128	✓ ✓
129	✓ ✓
130	✓ ✓
131	✓ ✓
132	✓ ✓
133	✓ ✓
134	✓ ✓
135	✓ ✓
136	✓ ✓
137	✓ ✓
138	✓ ✓
139	✓ ✓
140	✓ ✓
141	✓ ✓
142	✓ ✓
143	✓ ✓
144	✓ ✓
145	✓ ✓
146	✓ ✓
147	✓ ✓
148	✓ ✓
149	✓ ✓
150	✓ ✓

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)